



Attorney Docket No. 016800-583

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP AMENDMENT

In re Patent Application of

Caroline DELATTRE et al.

Group Art Unit: 1651

Application No.: 10/757,505

Examiner: Susan Emily Fernandez

Filing Date: January 15, 2004

Confirmation No.: 6320

Title: TOPICALLY APPLICABLE COSMETIC/DERMATOLOGICAL
COMPOSITIONS COMPRISING HYDROLASE
POLYPEPTIDES HAVING AMIDASE ACTIVITY AND/OR
PRODUCTS MODULATING THE ACTIVITY THEREOF

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are Information Disclosure Statement

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____

on _____
for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below.

| AMENDED CLAIMS | | | | | |
|--|------------------|--|--------------|---------------------|------------------|
| | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additional Fee |
| Total Claims | 32 | MINUS 31 = | 1 | x \$50.00 (1202) = | \$ 50.00 |
| Independent Claims | 12 | MINUS 11 = | 1 | x \$200.00 (1201) = | \$ 200.00 |
| If Amendment adds multiple dependent claims, add \$360.00 (1203) | | | | | |
| Total Claim Amendment Fee | | | | | \$ 250.00 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | | | | | \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | \$ 250.00 |

- ☒ A check in the amount of \$ 250.00 is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: February 23, 2005

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